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Women and Cancer

As 1987 drew to a close, my world seemed to be regaining some sense of normality after two years of crisis following upon crisis. In the previous twenty-four months, my family and I had been confronted with my father's death and the subsequent early termination of our MCC assignment in the Philippines, the serious illnesses of my mother and sister, the premature birth of our second son Timothy, his recurring respiratory difficulties, and the eventual diagnosis that he had a form of cerebral palsy.

But as we stood on the threshold of 1988, my husband, Dan, and I felt that surely our troubles must be over, and that the sun would shine again on us. However, even before we had returned home from our New Year's celebrations with Dan's family, I discovered, quite by accident, a hard lump in my right breast.

My mother's encounter with breast cancer eight years earlier told me that I should see my doctor immediately. But I procrastinated for several weeks. My main reason was that I didn't want anything to keep me from attending the MCC Canada annual meeting in Saskatoon at the end of January. It meant a lot to me to be a member of the board. I had already missed several meetings due to Timothy's illness and I was determined not to miss any more. The day after I returned from Saskatoon I made an appointment to see my doctor. Three weeks later I lay in the hospital recovering from a modified radical mastectomy.

After the initial shock, this particular crisis passed relatively quickly. Laboratory results indicated that the cancer had not spread to the lymph nodes, therefore no chemotherapy was required. I also recovered swiftly from the surgery, and within four weeks I was able to lift and carry 1 1/2 year old Timothy again. For a time I repeatedly dreamed that I was being wheeled to a cold sterile operating room where my remaining breast, ovaries and uterus were methodically removed. But the dreams gradually subsided. And by springtime life was pretty much back to normal.

But it wasn't. After cancer, life can never quite be the same again. Cancer demands some intense soul-searching. It confronts us with our vulnerability and mortality. It challenges our faith and sometimes our relationships. It shifts our priorities. Often, it threatens our self-image as feminine and sexual beings. Cancer takes us on a journey through a valley. Even though we may thankfully count ourselves among the survivors, we can never be the same again.

Each woman's life is touched by cancer in some way. All of us know a friend or relative who has struggled with cancer. Many of us have cared for a family member—a parent, a husband, a son or daughter—who has encountered "the big C." Many of us have stared face to face with the intruder ourselves. This year, 45,000 Canadian and 480,000 American women will learn that they have cancer. One of ten North American women can expect to have breast cancer at some point in her life.




This issue of *Report* is devoted to stories of women whose lives have been altered by cancer. They are stories of pain, fear, and anger, as well as hope and, yes, even humour. Mary Woelk has had breast cancer, Anne Friesen and Lois Deckert were diagnosed with lymphoma, while Herta Funk

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has suffered a brain tumour. Doris Kramer writes about her husband and Leonora Paetkau about her daughter. Heidi Koop describes pursuing alternative naturopathic treatment to the traditional surgery, while Erica Janzen offers reflections from her perspective as an oncology nurse.

Unfortunately, we were unable to include all the stories which were submitted for this issue. Hopefully, the ones included here will strengthen those of you walking through the valley, as well as those of you accompanying a loved one on that journey.—*Esther Epp-Tiessen*.

Esther and her husband, Dan, served with MCC in the Philippines from 1982 to 1986. They have two sons, Mark, 4, and Tim, 2. Most of Esther's energy goes into caring for the boys and serving as part-time coordinator for their congregation, Olive Branch Church.



by Mary Woelk

A Survivor

As a nurse, I have looked after numerous patients with cancer. Rarely did I see survivors.

Until my own experience, I had personal knowledge of this disease only from the perspective of the people close to me who died of cancer. Cancer is not something survivors like to talk about. An aunt of mine has survived cancer, but not until after my mastectomy did she discuss this with me. As the mother of a friend recently diagnosed with breast cancer so aptly put it, "I feel dirty."

In 1959 my sister was diagnosed at the age of 34 as having breast cancer and she became quite ill from the radiotherapy treatment that followed. Although we spent some good times together, she constantly felt that she was under

sentence of death, and this influenced her and her family's outlook on life. My sister died while I was on an MCC assignment in Haiti.

My mother was diagnosed as having pancreatic cancer in January 1977. She died in December of that year after experiencing much pain. My father developed cancer of the pancreas a year later and died within a month. I spent much time with my parents, helping to nurse them through their illness. I found this a most rewarding experience. Both my parents were ready to be with their Lord and looked forward to being freed from pain.

My experiences with cancer prompted me to do regular breast examination. In 1966 one of my "lumps" was biopsied and I was diagnosed as having fibrocystic disease (benign fluid filled cysts). I became quite familiar with all the lumps in my breasts. In March 1987 I discovered a pea-sized hard lump in my right breast which had not been there before. I had missed doing breast exams for a few months before that and greatly chastized myself. I had also put off having regular mammograms.

I waited approximately three weeks before seeing my physician, hoping that this lump would disappear as so many had before. In the back of my mind I knew that this was different. A mammogram confirmed that indeed there was suspicious lesion which needed to be biopsied.

Because of my family history, the doctor made it quite clear that he would be doing a modified radical mastectomy as opposed to a lumpectomy and radiation, even if my lymph nodes proved to be clear. I readily agreed to this. My sister had never had a mastectomy after radiation and I felt better knowing no possible remains of cancer would be overlooked in other areas of my breast.

At the time of seeing the surgeon I had a severe cold and bronchitis and surgery was not possible until that had cleared. Those two weeks of waiting were the longest of my life. I thank God for caring friends. Both my family physician and surgeon were very supportive. I kept busy with various diagnostic tests. I tried to take a positive approach. I thought of all the people I knew who had survived breast cancer. I also dwelled on the fact that I had discovered the lesion early, that no lumps had been found under my arm, and that the lesion seemed to be encapsulated. I read everything I could about breast cancer. The statistics state that one in ten Canadian women will develop breast cancer and one in four Canadians will develop some type of cancer during their lifetime. With

"Cancer attacks women about as often as men, but the cancers women develop are more likely to affect the parts of our bodies that define us as women or are directly linked to our sexuality." —Jacquelyn Johnson, *Intimacy: Living as a Woman After Cancer*.

these statistics in mind, I knew there were lots of survivors and I decided I would be one of them.

In May 1987, I finally had my biopsy. I was spending the day with a friend and her family when the news that it was cancer reached me. I had so desperately wanted it to be a benign tumor that I broke down and cried. My friend's husband came home and after giving me a hug proceeded to demonstrate a lopsided walk. We all burst out laughing and somehow the prospect of a mastectomy and possible radiation and chemotherapy did not seem so ominous. It was just another unpleasant task ahead of me.

My surgery went smoothly and the next day my surgeon informed me that he had not noticed any lumps on my lymph nodes. Although he did not have the pathologist's report, he felt confident that I needed no further treatment.

During the waiting period following my surgery I had the support of my friends and church and particularly of my Bible study group. I was aware that prayers were being offered on my behalf the night prior to my surgery and feel that the outcome is related to these prayers.



I had an uneventful recovery period and returned to work three months after my mastectomy. On my second day back, during an emergency, I felt something snap under my arm. The next day I had a large lump under my scar. In the following week my surgeon removed approximately one pint of bloody fluid from under my incision. For the next five months more bloody fluid was removed, sometimes twice a week, sometimes every week. It was very frustrating. As soon as I did any type of exercise, more

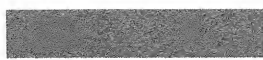
fluid would collect. I had torn a stitch on one of the major blood vessels.

During these months of inactivity I developed my hobby of knitting. I coped by setting hourly and daily goals. I trusted God would provide something special for me each day. Instead of being caught up in the hustle and bustle of life I learned to see God's creation in a new way.

As I am writing this, I have just completed the second phase of reconstructive surgery. I believe I have been healed. This does not mean that I don't feel vulnerable when I hear of someone who was supposedly cured of cancer dying of metastases.

My physicians and co-workers have been impressed by my positive outlook, which I believe has been helpful in my dealings with others faced with cancer. My co-workers have referred friends and relatives who are waiting surgery to me. In talking to these people about their fears, I have been strengthened and have felt that God is using me in a more meaningful way.

Mary Woelk is a labour and delivery nurse in a Vancouver hospital. She served with MCC in Haiti from 1963 to 1965.



by Leonora Paetkau

One Day at a Time

The year was 1984. It seemed as ordinary as the last few years I had experienced as a mother of preschoolers, who now totalled three. As each day transpired, I would long to pursue my career outside the home and feel envious that my husband could continue his aspirations while our children were young. Though my training is in early childhood education, the same glamour and prestige did not seem to accompany caring for my own children at home. More status was attributed to the story read during storyhour at the library than the same one read at home by mother.

March 1984 brought new experiences on which to reflect. Our middle daughter, Shari, was diagnosed with acute lymphocytic leukemia. Now my three-year-old, who I wanted to grow up quickly so my own endeavours could be pursued, was in the hospital dying. Many things changed that day. For the moment nothing was important but her survival. That experience helped me to realize what a precious gift it is to be a mother and to have a child. As I sat in that hospital room with Shari day after day, I also adopted the philosophy of living life one day at a time. It no longer mattered what might happen tomorrow.

Shari was able to return home from the hospital after a six and a half week stay. How great it felt to return to the normality that I had accepted only grudgingly in the days before the onset of this illness.

However, life was not normal at all. For the next three years we would have to include chemotherapy treatments, medicines, blood tests, and doctors visits into the weekly schedule. Since the hospital was an hour away, the weekly visit for treatments was a time consuming task. It became difficult even to formalize plans for special events such as holidays because

experience taught us that setbacks and unexpected hospital stays could occur at any time. Once again, these experiences helped me to view and appreciate life just one day at a time.

A year into Shari's treatment, my husband and I learned that we were expecting another child. I was learning to cope with and enjoy the daily routine with three children, but how could a baby fit into this schedule? Reflecting back to Shari's initial hospital stay, I recalled my thoughts about a child being such a precious gift of life from God. But somehow those thoughts could not console me as the reality of this situation sank in.

How could I come to peace within myself over this pregnancy? Two restful hospital experiences during the first four months of the pregnancy provided time for processing my feelings in a quiet setting. Facing this unexpected prospect, I realized anew that I had to accept what I could not change, and that it would be manageable if this, too, was taken one day at a time.

Circumstances allowed our family to move where we could be close to both sets of parents. Though I am a very independent person, I was learning to accept help from others. It was freeing to know that others could help me accomplish the daily tasks I had previously felt compelled to perform alone. The support and assistance of family and friends is a gift we have learned to cherish during these years.

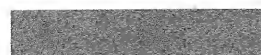
Humbling myself to receive strength from God was the greatest gift I received during that time. Starting the day in quiet meditation with God helped me to cope with the many unexpected things that could occur. Admittedly, there were exhausting and emotional "tomorrows" throughout the three years of Shari's chemotherapy treatments. But God granted the strength to conserve energy each day by not worrying about tomorrow in order to have sufficient energy for the burdensome realities that the next day would surely bring.

Today my husband and I have four energetic daughters ranging in ages from three to ten. Life has become more normal again. Shari has been off treatments for two years. I am enjoying the time I have to spend with the girls in their activities at school, church or home. Pursuing my gifts through voluntary positions at school, at church or in the community and not feeling compelled to work for financial reasons is a privilege I cherish.



Though I would never wish to relive the long days of this illness, I have grown immeasurably through them. I have learned a great deal about relating to God, to others, and to myself. Today I can even thank God for this experience. It has freed me from the compulsion of thinking that it is necessary to have a paying job outside the home to be a fulfilled woman. Having learned to enjoy life as it is at the present time, and not thinking of this stage with preschoolers as a passing phase to look forward to completing, is truly a gift from God. Though I still have aspirations and goals, I am learning to enjoy life one day at a time.

Leonora Paetkau is a full-time homemaker who volunteers as a support worker for families experiencing cancer. She and her family live in St. Catharines, Ontario.



by Herta Funk

Coping with Cancer

In 1987 I was diagnosed as having a brain tumor—an astrocytoma in my left cerebellum. My first reaction was, “That can’t be. I work with my brain.”

Surgery a month later showed that it was a stage-three malignancy, inoperable. Six weeks of radiation followed and a follow-up Cat-Scan at the beginning of 1988 showed no evidence of the tumor.

Now my appetite is back—unfortunately. Hair has grown in enough so I could chuck the wig. The worst side effects of the Decadron (a cortisone) I took early on are gone. The double vision has partially corrected itself and the rest is taken care of with the aid of a prism in my glasses so that I can drive a car again. Best of all, some of the energy sapped by the radiation has returned. The loss of hearing in my left ear, however, is permanent.

Facing the possibility of disability or even death has been the most frightening aspect of this illness. Cancer has changed my outlook on life. One big change came in January 1987 when I went to see a doctor in Hong Kong to check the hearing loss in my left ear. The perceptive young doctor looked at me and said, “You are not blinking with your left eye. Let’s see what’s going on inside your head.” As I later lay crying on my bed I let go of a lot of ambition. Somehow grandiose plans for future accomplishments were not important any more. Just life itself and the ability to do something seemed enough. Since then the desires to plan, to hope and to do have slowly returned. But the question as to what is important in life has remained.

Through this experience I gained a new respect for the health-giving power of family, friends, and the Christian



community. My family was wonderful. Mom let me live with her during the ordeal. My four brothers and sisters each assured me that if something happened to me they would make sure I had a place to go. Friends from all the inhabited continents of the earth sent hundreds of cards and letters—often I lived from mail delivery to mail delivery in my tightly circumscribed life. The people of the West Abbotsford Church visited and showed their care. Rev. Paul and Mary Anne Boschmann arranged an anointing/prayer service one Sunday after the regular service. I have been strengthened in my belief that community heals.

Cancer put me face to face with my mortality. Death is the bottom line for all of us. I admit that I have not worked out all the questions on death and dying. I want to live. It is a relief for me to leave some of the questions on death for now. God's grace, which sustained me during the bout with cancer, will be sufficient for the time of need in the future.

Sometimes I felt guilty that my emotions seemed numb, that I could work up no fervency in prayer. At such times I had to let others do the praying, resting in the assurance that "underneath are the everlasting arms." These are some specifics that helped me cope.

—*Take one day at a time.* During the first weeks of uncertainty and when the news got worse, I could only face one day at a time.

—*Laugh whenever possible.* I suggested to a friend that I could write a book entitled *Astrocytoma in My Left Cerebellum*, assuring him the title would really grab the public. I joked that I received mail from all continents of the earth except Antarctica—because I have no friends among the penguins.

—*Talk to someone who is really empathetic.* I am selfconscious about talking too much about my illness. It is a precious gift when a friend really wants to know and asks perceptive questions.

—*Ignore well-meaning but hurtful comments.* Just assume that people generally are well-meaning. When I remember how little I knew about brain tumors and how little accurate information I could find, I can forgive hurtful comments.

—*Don't push for a prognosis.* At first I tried to ask questions on what my future might hold. Wisely, the doctors usually sidestepped the question by saying, "Every

case is different. Statistics really don't mean much in individual cases."

—*Read the cancer literature with care.* I discovered that there is a whole body of what I call the "heal-yourself" literature. Some of it is the secular equivalent of "If you pray, God will heal you." The literature has some excellent suggestions, but it is at best too simplistic.

Today I am well. My energy level has almost increased to a normal level. The December 1988 Cat-Scan showed no evidence of the tumor. Another scan is scheduled for August. All things together made a miracle.

To boast of permanent healing would be too big a claim, for death is the final earthly reality for all of us. Today I work for the China Educational Exchange in Winnipeg and am even toying with the idea of returning to China.

For now that is enough, for "underneath are the everlasting arms."

Herta Funk was serving as an English teacher in China when she was diagnosed with cancer. She currently lives in Winnipeg, Manitoba where she works part-time for the China Educational Exchange.



"You and I are still the same people we were before cancer, but we have come through a passage, the door has closed behind us, and there is no way back to our former, pre-cancer selves. Cancer changes every aspect of life profoundly." — Jacquelyn Johnson

by Lois Deckert

Door to Discovery

Aunt K's "How are you?" came gloomily into the ear piece of my phone. I rolled my eyes in protest at having to listen to what always followed. I tried not to let my irritation surface as I told her I felt fine. "You have no pain?" "No, I've never had pain." It was always the same opening dialogue until she was convinced that I would probably be around for a while longer. Then we could talk about other things.

My aunt wasn't the only one who treated me as if I was about to exit life. Cancer, for many, means long illness, surgery, misery, ends, goodbyes and fear. Cancer, legion in its manifestations, is a nuisance. It is like an obnoxious, unexpected house guest who refuses to leave. And those of us who entertain this unwanted guest have to learn to work around it.

After my cancer was confirmed, diagnosed, and my treatment had begun, I was surrounded by an even greater number of loving, caring people than had been around me before. People sent me cards and letters and books and love in many forms. I read the books but soon became a bit tired of the sameness. There were some authors with whom I could identify but in many cases I just didn't experience cancer in quite the same way. My tears were shed because cancer closed off a future which I wanted very much—international service.

Cancer turned out to be my door to discovery. I'll admit it wasn't a door I would have chosen, but since that was the entrance available to me, I took it.

I discovered so many fascinating things about my body. Most of us have a fair idea of how we function physically. I found out about the intricacies of the blood and lymph systems and how they work. I watched the prickles of light on a screen as my body slowly glided through a bone scanner. I looked at the cross-section photos that were the result of a CT Scan. I pestered the medical people with questions. Knowing how my body worked made acceptance easier for me.

A decision I made soon after cancer was diagnosed was that I would not die until I was dead. I would live as fully as possible as long as possible. That has been happening for eight years, the last three being chemo-free.

There were people besides my husband and children who helped me live that full life. They helped me deal with my undesirable guest by providing new discoveries. General Conference Mennonite Women in Mission offered me a job as an editor. I knew little about editing or writing. As a result of my ignorance I took classes. The classes led to more discoveries about myself. I found out that I like to write poetry and other things. My son's support as he listened patiently to poem after poem gave me added courage to keep writing.

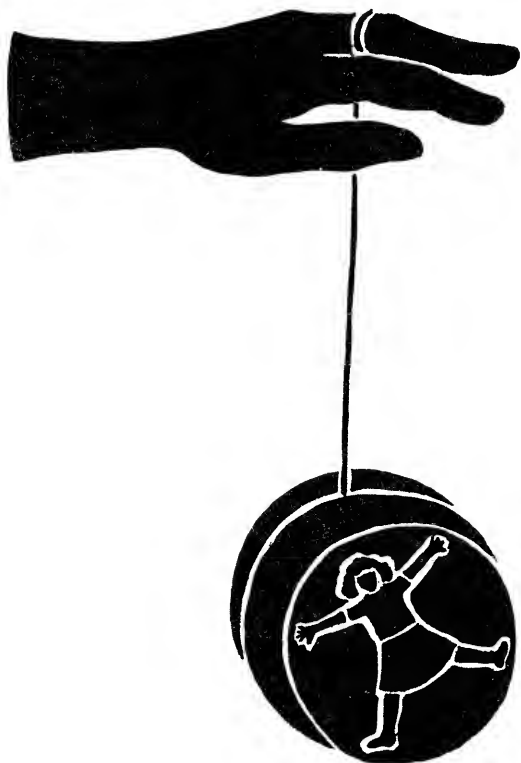
An intruder like cancer tries to take control and leave a body feeling helpless. I resented that. What could I do to regain just a bit of control? I decided to fulfill a childhood dream and learn how to swim properly, i.e. do the American crawl. My daughter taught me, kept me working at it and still gives me workouts to improve my style and speed. Not only did I assume control over a tiny part of me and fulfill a dream but I learned to know my daughter in a new way. We have developed an enjoyable shared interest.

The most valuable discovery of all was spiritual. To discover God's presence in all the nooks and crannies of my life fills me with awe. Being cared for by the people of God was to experience God's love in all its fullness. My family, friends, and church held me close in their care and showed me the nature of God's love. I was helped into the practice of meditation by a friend. My church continued to use my gifts and my friends did not leave me out of activities.

My intruder has been in remission for three years. I am told that it could return whenever it wishes. Naturally, I hope it doesn't wish to move in again because—

It Does Get Tiresome

to make the rounds of specialists
the ologists and knowlogists
whose learning isolates each part of me.
In darkened rooms and tunneled scans
my body moves as medics plan
like yo-yo, string in expert hands,
I am not free enough to stand
alone, untethered from the search and probe.



Aunt K no longer calls me for reassurance of my wellness. She has her own burdens of age and illness. I, like her, move on into life's changes. My past is past. My present is full of life and my future is in God's hands. That seems sufficient.

Lois Deckert is a homemaker and writer, and is currently the editor of Window to Mission, the women's magazine of the General Conference Mennonite Church. She has served with MCC in Akron, Penn., Morocco, and Indonesia. She lives in North Newton, Kan.

by Erica Janzen

Caregiving to Persons with Cancer

After approximately 15 years of focusing my nursing care on persons with cancer, I have several concerns to share. First, persons with cancer should not be referred to as 'victim' and 'cancer patient'. The word 'victim' suggests powerlessness and an external cause, as in violence perpetrated by humans, animals, or nature.

However, in cancer, it is one's cells that have seemingly erred and lost their programmed ability to control their growth and consequently multiply abnormally to develop into a tumor. In some situations the loss of control may be initiated by a virus but whether that virus is innate or necessarily foreign to the body remains to be demonstrated. Rather than view the process of cancer as a yielding to an over-powering external or foreign intruder, I believe it to be more helpful to see the anomaly as a more recent defect in the body's normal protective mechanism and one which can possibly be restored to a status of appropriate function.

Use of the label 'victim' or 'cancer patient' subtly suggests that the individual is powerless to resist the new process taking place in their body. 'Victim' suggests that the destructive force may be unknown. Unknowns are unidentified and hence difficult to oppose, let alone engage in combat. 'Victim' leaves one with the foregone conclusion of defeat; a thought with very destructive potential in a thinking brain. And with the common knowledge that is bandied about in many discussions about cancer, the major portions of thoughts are negative.

Awareness of persons who have overcome cancer is often limited or not newsworthy. That is not surprising in our society where it would be considered immodest to announce to or remind acquaintances periodically that one has overcome cancer five, fifteen or twenty years ago; one of my family can boast of 35 years. Instead we hear repeated

accounts of persons who have died following devastating cycles of treatment; a sequence of events that bears out the pessimistic, popular understanding of cancer. The label 'cancer patient' enhances the perception that the cancer is in control of the patient or that the patient is merely the battleground for the forces of cancer vs. treatment.

I believe a marked improvement in response to treatment would be seen if individuals undergoing therapy (as well as their family members and health professionals) would alter the mind set that sees patients with cancer as 'victims' or 'cancer patients'. It is the patient that has a cancer and not the cancer that has the patient.

I find it puzzling that the incidence of breast cancer is so age specific: 75 percent occurs after the age of 39. A renowned physician, Sir William Osler, stated: "It is just as important to ask, why does this patient have this disease now?" as to ask, "What disease does the patient have?" The patient's recent life's events and daily pattern of activity should be reviewed and discussed.

The opportunity to examine why the cancer may have occurred at the particular time and the counsel on how to change possible contributing factors is important in reducing the feeling of helplessness and hopelessness frequently expressed by persons with cancer.

Erica Janzen has a doctorate in nursing, with special experience as an oncology clinician. She is presently teaching at the Chongqing University of Medical Sciences in China, under the China Educational Exchange.


by Doris Kramer

Experiencing God's Grace

"Other people get cancer" was my husband, Raymond's, response after having seen the doctor who told him he likely had the disease. The diagnosis was correct. The following year proved to be difficult as we had a family of seven children ranging in ages from three to thirteen.

Raymond suffered intense pain. He began to rely on me to be with him and to look after routine matters of family life and business. Now our usual roles were reversed, with him becoming dependent on me. I learned, with the help of others, how to do the banking and paying of bills. Many people rallied to help with the mundane tasks that needed to be done.

Raymond was hospitalized for most of the last five-and-a-half months of his illness. A close nurse friend accompanied me to the hospital each evening in the months prior to Raymond's death, to help get him settled for the night. She was also the person on whom I could unload my hurts and fears.

It was helpful that the church family provided babysitting, food, laundry and many other services to me and my family. Though they didn't expect anything in return, I felt an indebtedness to them, sometimes feeling I couldn't accept another thing. Yet I needed what they had to offer. It was humbling to be the recipient of all that was being done for me and my family.

The deacon of the church played a very important role in helping me with financial and business matters. His kindness, sensitivity, and unending patience made the difference for me between hope and despair. As I look back I don't know exactly how I did cope, but I recognized God's mercies are new every morning and that a loving, caring faith community helps a lot. I cannot overstate the importance they were and are in my life.

During this time questions did arise: Why should Raymond be called to suffer so intensely? Why should someone so

• Resources

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young, who devoted his life to the church and his family, be snatched from life? He had so much to offer. What's going to happen to me and the children? Where should we live when he's gone? How will I manage?

I learned to live one day at a time. I determined I would not be bogged down in self-pity, and I worked at not asking so many "why" questions, rather "What does God want me to learn through this whole experience that will be helpful to myself, my children, and others?" Much of my grieving was done prior to Raymond's death. Because of his suffering I was ready to release him.

I had thought that our family had experienced our bout with cancer but in 1981 I was diagnosed as having lymphoma. I was filled with fear and was unable to pray. Having watched and stood by helplessly while Raymond endured such terrible pain, I was frightened that I would have the identical experience. I didn't want to suffer and didn't want to die yet. Again I looked to my family and church.

I endured chemotherapy and the side effects that accompany the treatments, yet I still felt I needed the prayer support of the church so I asked to be anointed with oil. This took place at a Sunday morning worship service. The overwhelming love and concern I again experienced from this body of believers brought spiritual healing and hope to me.

Off work for a one year period, I have been restored to health. There were dark days, times of wondering, times of soul searching and time to think of what was really important in life for me. It was also a time when I had to deal with my personal sense of self worth. I was unable to contribute anything and was dependent on others. This gave me new insight into how ill or elderly person who can no longer work must feel. My illness made me put into practise my belief that an individual's worth is not determined by what she does but because that person is God's child.

Through these experiences I gained a new appreciation for good health, the ability to work, my church, children, friends and God's special grace to me.

Doris Kramer trained as a social worker after her husband's death, and currently works as a counselor with single pregnant girls. She is grandmother to eleven youngsters. She lives in St. Jacobs, Ontario.

by Anne Friesen

Gift of Life

I remember December 26, 1982 as vividly as if it were yesterday. We were spending Christmas at my parents-in-laws' that year. My husband Walter's extended family was together for a family reunion. We were all sitting around chatting when I happened to touch the right side of my neck and felt a large lump. Everything about it immediately felt wrong. It was the wrong place to have a lump, there was no pain when I touched it and I didn't have a sore throat or a cold. It hadn't been there the day before. How had it come up so quickly? I was very worried. I knew enough about the warning signs of cancer to feel concerned and went to the doctor as soon as I could to have it checked.



Since I was pregnant at the time, the doctor sent me for tests to check for an overactive thyroid. That was ruled out and I underwent an ultrasound and needle biopsy which were both inconclusive. I was then referred to an ear, nose,

and throat specialist. Within a week I was booked into the hospital for tests, and it was established that I had lymphoma—cancer of the lymph system.

The doctor performed a tissue biopsy and discovered that I had a fast-growing cancer. In spite of this, we decided together with the doctor to allow the pregnancy to go to full term and start treatments after the birth.

Six weeks later, on Easter Sunday, our second daughter was born. Her birth was a gift of life to me. It was difficult to sort out the emotions surrounding the birth. I felt a deep joy and thankfulness for a healthy baby, but I was also afraid, anxious and uncertain about the future. I received my first chemotherapy treatment intravenously before leaving the hospital five days later.

The lump on my neck soon disappeared and I felt fine, even while on the chemotherapy. I felt so well that for a short time I was convinced that the doctors had misdiagnosed my illness. Several weeks later the lump on my neck returned. This was very discouraging since we were in the process of moving. My new doctor gave me stronger medication which was effective, but also had some negative side-effects such as nausea and hair loss.

I had suspected that my symptoms pointed to a serious illness, but I was not really prepared when the final diagnosis was made. I was shocked and couldn't believe this was happening to me. Why me? It was a question I asked over and over again. I felt very angry. I even permitted myself to feel angry towards God. Why did God let this happen to me? What had I done to deserve this illness? I had just finished reading Harold Kushner's book, *When Bad Things Happen to Good People*. This book helped me own some of the responsibility for what was happening and helped me work out some of the anger. I came to see that it was all right to feel angry, even towards God, because God still loved me and cared for me. One sleepless night, I reached the depths of my questioning and realized I had come to a point where I was wondering if there was a God. It was then that I prayed, Lord, help me in my unbelief. God answered that prayer.

Reading books helped me to make sense of what was happening and to verbalize how I was feeling. Another book, *Getting Well Again*, by Carl Simonton and Stephanie Matthews-Simonton helped me take responsibility for my illness and also offered hope. In their studies, the Simontons discovered that the will to live is a crucial factor in getting well and living longer. For me, that was important as well. I felt support and hope from my family.

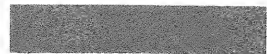
I have now had four-and-one-half years of good health since my treatments ended. I am very thankful for this. Going through this illness and the treatments had a profound impact on me and on my family and continues to affect me. Sometimes I find myself fearing that the disease will return. I need to learn to trust that God will give me strength to face whatever happens.

There were some very significant changes that took place in my life through this experience. My faith was challenged and deepened. I started to take charge of my life, while at the same time trusting that God was in control. I began to think more about what purpose God had for my life. *A Way in the World* by Ernest Boyer, Jr. helped me reflect on this and gave me strength and encouragement as a full-time homemaker. It also offered some practical suggestions for taking time for reflection and prayer, which was one of my needs. This is an area of my life that I continue to work at.

My illness also helped me give priority to the important things in life, my family and friends. They were there when I needed them and their love and support contributed as much to my healing as the chemotherapy. In *Love, Miracles and Medicine*, author Bernie Siegel includes love and support as important elements of healing.

The most important challenge for me through this experience was to see that life and good health cannot be taken for granted. They are gifts from God. I learned to be thankful for the many gifts God has given me and to live and enjoy each day as if it were the last. My prayer is that I continue to seek God's purpose in my life and continue to grow as I try to live a life of faithfulness.

Anne Friesen is a homemaker and attendant care worker with developmentally handicapped children. She and her husband, Walter, served with MCC in Algeria from 1975 to 1978. The Friesens live in Waterloo, Ontario.



by Heidi Koop

A Healing Alternative

Already early in this decade I knew all was not well. Repeatedly I was assured of perfect health. But surely a healthy person would not suffer from such a combination of persistent symptoms: endless and unpredictable fatigue, insomnia, recurring back and abdominal pains, uncontrollable weight problems and deep bouts of depression.

Something had to be amiss! Anti-depressants weren't the answer. I searched. There had to be another way of dealing with my concerns. And there was!

In 1984 I discovered naturopathy, and a whole realm of new possibilities opened up for me.

Two years later a biopsy revealed cancer, and I soon discovered that my introduction to naturopathy had prepared me well for the battle.

In our technological age we expect quick cures. We want to live pain-free lives. It's a remove-the-symptoms-and-let-me-do-as-I-please syndrome. So we tend to gorge ourselves with junk food, poison ourselves with additives, and lift ourselves out of the doldrums with addictive prescription or over-the-counter drugs—only to discover, usually too late, that our bodies are breaking down.

Disease and abuse of chemicals have taken their toll. Add to this our sedentary, high-stress lifestyle and trouble is inevitable.

Dealing only with the symptoms, we push under what ails us. By popping pills and expecting miracles of surgery we often aggravate the problem. Because we think these generally accepted practices "make us feel good" we demand them and then live with illusions of health.

When we become terminally ill, we can't understand why. God must be doing this to us, we rationalize. Or at least God is allowing it to happen in order to test our faith, to single us out to bear a special cross. Only from a bed-ridden vantage point are some finally able to admit that a faulty lifestyle and counterproductive choices have taken their toll.

In my battle with cancer I discovered anew two basic laws of medical practice laid down by Hippocrates: "Let your foods be your medicine and your medicine be your food," and "In treating do nothing that will harm your patient." The naturopathic physician still lives by these laws.

Naturopathic medicine deserted allopathic medicine (conventional medicine) when chemical and surgical means of treatment inundated the medical world. The naturopath opted to continue supporting the body's own natural functions. The true naturopathic physician has the same basic training as any allopathic counterpart.

Researchers involved in a relatively new discipline, psychoneuroimmunology, are gathering evidence of the inter-relatedness of mind and body. A variety of human and animal studies have revealed the depressing effects of so-called "negative" emotions on immune system function. In addition to the time involved in treatment for cancer, it is my opinion that no less time and effort should be expended on diagnosing and counseling patients on altering those activities of daily living that may be depressing their immune system. It makes little sense to treat a person for cancer at great expense of personal energy, only to let them resume previous life styles without any recommendations for change. Why should anyone be surprised to have the cancer recur?

Considerable education is necessary to instruct both patients and health professionals on the factors known to influence the immune mechanism of the body. It has been especially gratifying to me to realize that patients generally acknowledge the relationship between their life and their cancer more readily than do nurses and physicians. Patients often have little difficulty in pinpointing activity that may be responsible for depressing their immune function. Patients also often find gratifying the prospect of identifying an activity, event, or mind set that may be a contributing factor to the development of their tumor.

According to my naturopathic physician, Christopher Turner, naturopathy has a threefold focus 1) ridding the body of poisons (detoxification), 2) building up the body with its vital force and immune system (tonification), and

3) keeping the body in good physical, mental and spiritual health (maintenance).

Quality of life is central. The recommended remedies—including vitamins, food supplements and other natural medicines—have no detrimental side effects unless indiscriminately used by the untrained person.

In my adventure I was reminded that attitudes change slowly. All too often change is not considered until we are faced with a life-threatening dilemma.

Science and medicine made commendable strides in helping us live healthier and happier lives, and many have found relief. However, not all effective treatments are presented as possible options. Naturopathic medicine, the oldest of all healing arts, is one of these almost forgotten options.

In following a naturopathic course, I paid a steep price: a financial price—Manitoba Medical does not acknowledge this form of healing; the price of scepticism and discouraging criticism; the price of putting up with a long healing process.

For me the process involved nutritional and personal counseling, allergy analysis, hydrotherapy (water therapy), chiropractic treatment, natural remedies/medicines, and other natural forms of healing.

While some trusted my decision and stood by me throughout my illness, others found it impossible to accept my changed philosophy and lifestyle. I appreciate my allopathic physician who encouraged me, and my surgeon who respected me, regardless of my choices. Others, including some in the health care professions, were not so supportive. Responses ranged from silent avoidance to open confrontation.

Now, more than two years after my diagnosis, I am certain I made the right choice. Extensive medical investigation, including minor surgery, on my naturopath's suggestion, confirms restoration of my health. The disease has been eliminated during the years since my biopsy on February 6, 1986. The modified radical mastectomy accompanied by chemo-therapy and possible radiation therapy never became a reality.

Cleansed and reinforced, my body masterfully fought its own battle. Certainly I have no way of knowing how I will feel or if I'll be alive a month or a year from now. But then, neither does anyone else.

"Do you not know that you are God's temple and that God's spirit dwells in you? If anyone destroys God's temple, God will destroy him. For God's temple is holy, and that temple you are" (I Corinthians 3:16-17).

For me, this is reason enough to do the best I can to keep myself physically, mentally, as well as spiritually, in good health.

Heidi Koop is an educator/counselor by profession. She currently lives in Winnipeg where she teaches at the University of Manitoba's Department of Education. She has also recently embarked on a course of studies in naturopathy. Her article originally appeared in the Mennonite Reporter and is reprinted with permission.

Reader Feedback

Thanks to the many readers who sent in subscriptions and contributions. Here and in the next issue we'll share some of your comments.

- I am always impressed by your choices of topics. Maybe someday I'll be brave and send something in myself. I think this is a wonderful medium for women. Since I am currently a volunteer at a refuge for battered women, and sexually abused girls, I'm low on funds, and truly appreciate the opportunity to remain on your mailing list.
- Many of your issues are really relevant and interesting. This is one subscription I definitely want to keep!
- *Report* is extremely well done and addresses issues badly neglected in the church. An interesting issue might be specifically on how the emphasis on avoidance of conflict among Mennonites serves to victimize Mennonite women (and men) in relationships.

-
- My life is very fulfilled with my husband, children and volunteer work through the church we attend. I am no longer able to attend a Mennonite church since there is none in my area. The articles in your publication never seem to speak to anything that I am involved in either in my personal life or my volunteer work. I am not a “cause” person and have never seen the benefit of all the “causes” that are so often mentioned. I have always appreciated the love shown in the Mennonite church, but am always turned off completely by marches and protests for such things as nuclear and peace concerns, etc. There has to be a better way to express concern than that.
 - I don’t know how my name got on the mailing list but the mailing was a real answer to prayer. I’m one who is recovering from many hands of violence in a Mennonite home. I hope to support this program in the near future. Until then I’ll appreciate mailings.
 - I’m sorry to be unable to contribute at this time but appreciate receiving *Report* very much—both the issues addressed and the women’s perspective.
 - Keep up the good work the church needs!
 - I am on the board of directors and volunteer for our local shelter for battered women and victims of sexual assault. I appreciated the thoughtful insights in the Purple Packet and *Report* on wife abuse. There are many misconceptions about these issues, and real harm can be done, on the counseling level, if ignorance prevails. Real harm is being done in our society, and it is good to see good work being done by Mennonites. Thank you.
 - You do a good job of presenting the issues. Keep up the good work.
 - I appreciate the international/global perspective of women’s concerns. Also, the focus upon contemporary problems. Blessings and continue.
 - The incest issue (No. 83) is terrific.
 - The most recent *Report* issue was very much appreciated. The fact that a Mennonite newsletter was dealing with the topic of incest really made me proud of my newly found Mennonite way of life (two years ago!). Keep up the great work on women’s issues and concerns.
 - I really enjoyed the issue on incest. I was very happy with the professional quality of the articles.
 - I always appreciate *Report*. While the topics aren’t always ones that I’m interested in, I appreciate the personal touch and the variety of women and topics you cover.
 - The current issue (No. 83, Incest) is very courageous. Thank you. Keep up the good work.
 - I read every word and pass on that copy. Keep up the good work.
 - Enclosed is a check for your helpful ministry.
 - Much appreciated!
 - Please discontinue my subscription as my eyes do not permit too much reading and my Bible comes first.
 - I as an incest victim appreciated your articles. My mother and aunt say I should just forgive and forget and not do the therapy I am in. Not to mention—they don’t believe me. They call it “dwelling on unholy thoughts.”
 - I couldn’t believe Mennonite women had the guts to publish a report on incest among Mennonites which does exist—I know. Right on, sisters!
 - Thank you! I am in total support of your work. I always eagerly look forward to *Report*. The incest issue was particularly important to me, as I was sexually abused as a child (not by a relative). Thank you for your efforts and I look forward to future *Report* issues.
 - Thank you for your recent mailing on incest. It came right after we learned our daughter had been sexually abused as a child by an uncle.
 - *Report* is one of the few papers I always read. As a beginning pastor I find the ones dealing with social and justice issues (such as incest) and with related theological issues to be particularly enlightening and useful. Thank you for your broad range of topics. You whet the appetite for more in-depth study and reading.
 - Your issue on incest (No. 83) is presented with tremendous sensitivity and directness. It is most helpful in my school counseling work.
 - Thanks for the variety of concerns you cover. I don’t always agree with everything but I like to be challenged and to have my mind stretched. I want to be aware of the work of the women of the Mennonite church.

- **Mennonite Women in Ministry**

- **Juliana Tan**, Winnipeg, has been appointed editor of the *Chinese Mennonite Newsletter* by the Congregational Resources Board of the Conference of Mennonites in Canada.
- **Charles and Linda Watson** are co-pastors at Paoli (Ind.) Church.
- **Velma Loewen**, Normal, Ill., is the new General Conference

representative on Inter-Mennonite Council on Aging.

- **Roger and Cynthia Neufeld Smith**, co-pastors at Southern Hills Church, Topeka, Kan., were licensed for ministry in February.
- **Lois Deckert**, editor of *Window to Mission*, the Women in Mission magazine of the General Conference, has been reappointed to a three-year term.
- **Mary Oyer** began in July as half-time interim professor of

church music at AMBS, Elkhart, Ind.

- **Sara Regier**, coordinator of Women in Mission of the General Conference has been reappointed to a three-year term.
- **Dennis and Jeanne Rempel** began in the spring as part-time co-pastors at Redlands (Calif.) Anabaptist Fellowship.
- **Doris Rempel**, pastor at Hope Fellowship, North Battleford,

Saskatchewan, was ordained in the winter.

- **Norma Peters Duerksen** is giving transition leadership at North Suburban Church, Chicago.

Letters

We encourage and invite letters from readers that speak to the issues raised and the perspectives presented in Report. Although we try to print all letters, some may be shortened or edited to fit available space. All letters must be signed, although writers may request to have their names withheld.

- Thank you for the Report on incest (No. 83). It deals with experiences and pains of women. Many of these women now are mothers of sons. I have had hardly any sex education myself but picked up a few attitudes from my mother (born in 1895) and my grandmother (born 1864). What will I unconsciously pass on to my grandchildren? These are some of the guidelines I picked up:

- A Christian woman is gentle and obedient.
- She keeps the household peaceful by serving and obeying her husband.
- She does not speak about her problems and troubles, but always keeps up a good image of her husband towards the outside world. —She cannot refuse her body to her husband because it is unhealthy for him to restrain himself.
- A good mother sacrifices her body, or the man will go to a prostitute, a servant, or take her daughters.

In other words: Men have rights, women have duties.

- Men are leaders, the head of the household, master of the family.
- Men know better than women what is good.
- Real men are fighters, killers and father of many children.
- Women want to be raped.
- A real man always has good intentions, even if he seems to be abusive.

Possibly these myths about men are still unconsciously transmitted to men even by their female relatives! That is

why I would like to see in your publications clear and short messages that counteract these disastrous myths, like:

- A real man is master of his sexual drives, not their slave.
- A rapist and a coward. What is the difference?
- Real happiness through mutual respect.

I suggest that you print this type of short message with big letters on each of the pages of Report. If we do not attack the attitudes that are expressed in the Three Cynical Poems, (No.83, Incest) we will have to continue to clean up the results of these wrong attitudes for several generations yet.

Who has ideas for posters with such slogans to hang up in college dormitories and in public places? Would it be an interesting assignment for an art class at a Mennonite college? —*Name withheld by request*

- I appreciate all of the work done to publish the incest issue (No.83). I hope people read it and it has very wide distribution, especially among the male church leadership.

During the past 12 years as I occasionally traveled the U.S. speaking on Lesbian/Gay issues and human sexuality, a lot of women spoke to me about incest—usually in someone else's family (?) or in their church. (I feel this happened because I was there speaking on sexual issues, and their not connecting it with gayness. Lots of times people—women and men—would talk to me regarding intimate details, and I think perhaps I was the first person they met who would listen/discuss their concern).

I had tried for a number of years to get church leadership to work on incest since I believe it is more prevalent than homosexuality. Many times I felt they could not work on it because it was too close home. It is far easier to talk about someone else's sexuality or sexual problems. From information I have read on incest studies the last couple years, it is more prevalent. I remember one woman who said she knew five pastors who were abusers. I thought it interesting that one person would know five abusers, let alone five pastors who were abusers! But she is the type of person someone would go to for support and counsel.

May God grant you rich blessings of good health and much love as you continue working on this very important issue.

—*Martin R. Rock, Washington D.C., Founder, Brethren/Mennonite Council for Lesbian and Gay Concerns.*



Illustrations in this issue were drawn by Teresa Pankratz of Chicago. Please do not reproduce without permission.

News and Verbs

- MCC has named **Elizabeth Soto** as assistant secretary for Latin America and the Caribbean. She succeeds Karen Kenagy. Soto will help oversee MCC work in 16 countries. She currently directs the High-Aim program for Mennonite Board of Education and teaches in the Hispanic Ministries Program at Goshen College. Soto is a member of Iglesia Evangelica Menonita in Puerto Rico.
- **Betty Marvin** has been appointed director of marketing and public relations, Glencroft Retirement Community, Glendale, Ariz. She succeeds Jan Thompson. Marvin served previously as assistant administrator of Glencroft Care Center.

- **Marilyn Landis** has been named admissions staff person at Eastern Mennonite College. She will coordinate on-campus visits for prospective students and also do student recruitment. She is a December 1988 honors graduate of EMC.
- The Women's Auxiliary of Africa Inter-Mennonite Mission affirmed the new Mennonite Church of Zaire administration in its affirmation of women in Zaire. The auxiliary agreed to support the travel of Madame Claire Traore, who will accompany her husband, Siaka, in visiting churches in North America and attending Normal '89.
- In Hundwill, Switzerland, the women of half canton Appenzell Outer-Rhodes were given the right to vote after 580 years. Now all but one canton or state in Switzerland allows women to vote in local elections.

REPORT is published bimonthly by the MCC Committee on Women's Concerns. The committee, formed in 1973, believes that Jesus Christ teaches equality of all persons. By sharing information and ideas, the committee strives to promote new relationships and corresponding supporting structures in which men and women can grow toward wholeness and mutuality. Articles and views presented in *REPORT* do not necessarily reflect official positions of the Committee on Women's Concerns.

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